diagnosis of sepsis difficulties:
(i) fever & other SIRS criteria have low specificity
(ii) there are no specific clinical signs of sepsis apart from those associated with specific syndromes such as endocarditis
(iii) elderly, immunocompromised & malnourished patients do not manifest typical signs of sepsis
(iv) both infective & non-infective causes of SIRS may coexist in the same patient & therefore presence of inflammation is not always a reliable sign
(v) deep seated collections are difficult to diagnose

laboratory diagnosis

clinical diagnosis

diagnosis of sepsis
difficulties:
(i) leukocytosis is not specific as it is a marker of stress rather than of infection
(ii) reliable diagnosis is established by the presence of organisms only in the blood or in sterile tissues but tissues may be difficult to obtain
(iii) administration of antibiotics frequently before diagnostic tests limits the utility of cultures
(iv) cultures may take some time to become positive
(v) tests such as PCR may not be universally available
(vi) serology tests are frequently non-specific
(vii) biomarkers such as procalcitonin, CRP & IL-6 do not have high sensitivity and specificity
(viii) there is a lack of consensus regarding what constitutes VAP, line sepsis etc